

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. APPLICANT(S)	FILING DATE				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
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32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					